

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1	1	1	1		
5	1	1	1	1		
6	1	1	1	1		
7	1	1	1	1		
8	1	1	1	1		
9	1	1	1	1		
10	1	1	1	1		
11	1		1			
12	1		1			
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TOTAL IND.			2			
TOTAL DEP.		9				
TOTAL CLAIMS		11				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						